

DEPARTMENT OF HEALTH SERVICES

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April 13, 1998

PPL No. 98-012



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TCM/MAA

To All County Medi-Cal Administrative Activities (MAA)/
Targeted Case Management (TCM) Coordinators and
Advisory Committee Members

CLAIMING REIMBURSEMENT FOR FISCAL YEAR 1997-98 PARTICIPATION FEE

The purpose of this letter is to advise local governmental agencies (LGAs) that the Fiscal Year (FY) 1997/98 percentage of the participation fee which may be claimed to the MAA Program is 19.61 percent.

In Policy and Procedure Letter 97-020, dated October 3, 1997, participating LGAs were advised that beginning FY 1998-99, LGAs who seek reimbursement for the participation fee will be required to amend their MAA claiming plan to include specific reference to the participation fee as a cost under the category MAA/TCM Coordination and Claims Administration. Amendments to the MAA claiming plan must be submitted before or during the quarter in which the cost will be claimed and are effective the quarter in which the amendment is submitted to the State Department of Health Services (DHS). Failure to submit the required amendment to your MAA claiming plan shall result in your ineligibility to claim the participation fee for FY 1998-99, and subsequent fiscal periods.

If you have any questions regarding this matter, please contact the Federal Liaison Unit Analyst assigned to your LGA.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Janet B. Wilson'.

Janet B. Wilson
Acting Branch Chief
Medi-Cal Benefits Branch

